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and that food never will be lacking. Some midwives use bolos for cutting the cord under the belief that by this practice the baby will be a warrior. Some do not use a sharp instrument, but sever the cord by burning it in the light of the candle. The cord is dressed with Chinese paper or any old cloth with a hole cut in the middle for the insertion of the stump. The cord dressing is powdered with tobacco ashes, or ashes of the cocoanut shell, or ashes from the kitchen stove.

The baby is not allowed to take the colostrum of the mother, but is given instead honey, tied up in a round cloth, shaped in the form of a nipple which it sucks. When the baby has hiccough the mother makes a kind of ball of some threads from his diaper. This ball is stuck on its forehead with saliva and is considered an infallible cure for this affection. In spite of the superstitions and bad practices of the midwives our work is beginning to be appreciated by these poor women, for many of them, who have had the assistance of the department in one confinement, call us again for their next. When once they have become accustomed to our nursing they cannot say enough in its praise.

EYE EXAMINATION, TREATMENT AND OPERATION

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(Continued from Volume XII, page 1017.)

OCULAR THERAPEUTICS

Cycloplegics.—Cycloplegics are agents which cause paralysis of the ciliary muscle. A cycloplegic always produces dilatation of the pupil as well as placing the muscle of accommodation at rest. Atropine sulphate one per cent., the alkaloid of belladonna, is the most commonly employed mydriatic and cycloplegic. The effect lasts for a week to ten days. This drug is often used for examining the eyes of children for glasses, as well as in the treatment of ulcer of the cornea, scleritis, iritis, etc. Atropine should never be used in glaucoma. Homatropine hydrobromate one per cent. resembles atropine in its action (cycloplegic) but is not as strong. It is the one preparation used most extensively during examination for errors of refraction in all adults under forty years of age. The effects of homatropine last from thirty-six hours to forty-eight hours so that the patient cannot read during this period.

Myotics.—Myotics diminish the size of the pupil as well as lower intra-ocular tension. Myotics are used especially in the treatment of the disease glaucoma. The common myotics are eserine sulphate one-half of one per cent. and pilocarpine hydrochlorate one per cent. solution. Eserine sulphate is the stronger in action.

Supra-Renal Gland Preparations.—Preparation of the supra-renal glands of sheep called epinephrin is a valuable astringent and hemostatic. One drop of a 1-3000 or 1-5000 solution will very quickly blanch or whiten the conjunctival membrane of the eye by contracting the blood vessels. Preparations of the supra-renal gland stop capillary bleeding very quickly. It is made under the various trade names of adrenalin chloride (Parke, Davis & Co.), adrin (H. K. Mulford Co.), adrephrin (F. Stearns Co.), supra-renalin (Armour & Co.), etc. The nurse should always have a solution of epinephrin at hand in the operating room. The drug must be kept out of the light, as solutions turn pink on standing exposed to it.

Local Anæsthetics.—The great majority of eye operations are performed under local cocaine anæsthesia. A four per cent. solution of cocaine hydrochlorate is dropped into the eye with an eye dropper, one drop every two or three minutes for three or four doses. An additional drop of cocaine may be repeated at any time during the operation if the part is not insensible to pain. Stronger solutions than the above are rarely necessary. Often the request is made that the cocaine solution be previously sterilized by heat. Holocain one per cent. is also used for local anæsthesia in the eye as well as eucain and stovain. Cocaine, besides being a local anæsthetic, is also a mydriatic as it dilates the pupil but does not paralyze the muscle of accommodation.

PREPARATION OF HOME OPERATING ROOM AND NURSE'S DUTIES AT OPERATION WHERE A GENERAL ANÆSTHETIC IS REQUIRED.

In a private house, the room selected for an operation under ether or chloroform should, as a rule, be on the second floor, near the patient's bedroom and on the side of the house offering the best light. On a dark day, when natural light cannot be relied upon, the room may be darkened and an electric drop-light utilized. Where electricity is not available a gas or oil lamp may be allowed but if ether is used for the anæsthetic the flame should not be placed near the floor or very close to the operating table as *ether vapor is inflammable*. If the operation is to be done immediately the room should not be disturbed, but the floor and fixtures wiped with moistened cloths and the pictures and hangings covered with damp sheets wrung out of a solution of bichloride of mer-

cury 1-5000. Where the operation is not to be performed for a day or two it is then best to remove all the articles of furniture in the room and thoroughly scrub the floor and wipe the walls. An interval of twelve hours from the time of cleaning to that of the operation should give sufficient opportunity for dust to settle.

Aseptic Surgery.—Practically all infection can be traced to the introduction of bacteria into the body through some lesion of the skin or mucous membrane. The common source of wound infection is the so-called pyogenic bacteria in sufficient numbers to cause disturbances of sound healing. The success of this invasion is dependent upon several factors, such as the virulence of the germ, the condition of the soil, and, lastly, by what is termed the power of resistance of the individual. Patients worn out by disease yield more readily to infection than healthy persons. A nurse should use every means at her command to destroy or avoid bacteria. The dust and dirt of the streets are loaded with germ life of all kinds and in countless numbers. This vast army of bacterial flora is readily carried by air currents into every nook and corner of a building and deposited upon every exposed object including the clothes and body of individuals. It is no wonder, therefore, that the surface of the body should be a nidus for germs of all kinds as it is constantly coming into contact with dust, dirt, and air, all of which carry germ life. The word sepsis or putrefaction means a condition resulting from contamination by pyogenic bacteria. The term antisepsis is applied to the various methods for prohibiting them in their growth. It is the aim of modern surgery to treat wounds antiseptically.

Preparation for Operation.—A kitchen table makes an excellent operating table. It should be covered with a folded blanket over which a cotton or rubber sheet is spread. The head-rest or pillow should be flat and hardly more than a firm pad. Two small tables are to be provided, one for the instruments and the other for holding dressing materials such as cotton, gauze, sponges, a sterile pitcher containing a hot irrigating solution, a sterile rubber-bulb syringe, and a sterile basin for catching the irrigating fluid when used. Small minor operations naturally require less preparation, less space, and fewer materials than larger or major operations. Sterile towels must always be spread over the tables before anything is placed upon them. A small emergency-stand containing the anæsthetist's materials such as chloroform, hypodermic syringe, small bottle of brandy, strychnine sulphate, and such emergency instruments as a jaw separator and tongue forceps, should be provided. The anæsthetist will also require a chair or a low stool. The surgeon ordinarily brings his own sterile gowns, rubber gloves, instruments, suture materials, and dressings. Instruments are sterilized at the patient's

home by boiling for five minutes. A flat sterile dish of alcohol or five per cent. carbolic acid solution and a bowl of sterile water for rinsing purposes should be placed on the instrument-table. The surgeon and his assistants usually sterilize their hands in an adjoining room where there is hot and cold water. A cheap nail-brush for cleaning the finger-nails, bottle containing tincture of green soap, solution of bichloride of mercury, 1-5000, and a wash-bowl of boiled water should here be in readiness. A large waste-pail is finally placed on the floor near the operating-table for soiled sponges. The nurse should sterilize her hands and arms when everything is in readiness in order to be as clean as possible. Sterilization of the hands is an established measure and cannot be excused under any circumstances. This is particularly true in operations where the hands themselves actually come in contact with the operated parts or in contact with sterile dressing sponges. Sterilization of the hands consists in thoroughly scrubbing the hands and forearms with warm water and tincture of green soap for several minutes. Special attention must be given to the finger-nails. After scrubbing, the hands are immersed in a 1-5000 bichloride of mercury solution, finally rinsed in sterile water and dried by sterile towels.

Operative Field.—The following would seem a good arrangement for a general operative field. The operator usually stands at the right side of the patient with the instrument-table within easy reach. The anæsthetist and his small stand should be at the head of the patient. The surgeon's second table containing extra supplies such as sterile towels, dressings, hot irrigation solutions, etc., should be either on the left side of the operating-table accessible to the assistant or close to the instrument-table near the nurse. Articles picked up by the nurse should be handled in a sterile piece of gauze and not touched by the hands. As the hands are the usual source of surgical contamination, as few as possible should come in contact with the actual wound. Not only must each individual item in the surgeon's working equipment be germ free but also every individual assisting him should realize that a break in the chain of complete asepsis will result in wound infection. It cannot be emphasized too strongly that the slightest neglect to preserve surgical cleanliness at any stage of an operation is nothing short of criminal carelessness. Disinfectants and antiseptics of various kinds may be used freely both in preparing for the operation and in washing instruments and hands during the progress of the work. When an operation is being performed the door of the room should be closed and no one summoned from it. The nurse should take pains to follow out any line suggested by the operator such as preparing sponges, sponging the operative field, and should do her best toward anticipating supplies

which might possibly be required. Conversation is to be avoided. The nurse should see that a sufficient number of warm blankets have been provided to keep the patient warm. It is very important that the patient's bed be properly prepared for the reception of the patient before the operation and that the hot-water bottles are ready for use.

Post-Operative Care.—When the operation is finally completed, the anæsthetist and nurse should return the patient to bed. The nurse always remains until the patient is no longer under the influence of the anæsthetic. A pus basin should be at hand to catch material vomited. Moderate vomiting is the rule in cases of general anæsthesia from ether and chloroform and requires no particular attention except to keep the patient on his side so that the vomitus will flow out of the mouth into the pus basin. Should any foreign material be drawn into the larynx a blow on the back will help to dislodge it. The patient must not be allowed to thrash about and possibly injure himself while coming out of the anæsthetic and should never be left alone. Food and water as a rule are withheld for a couple of hours following operations under general anæsthesia.

BUSINESS AS SOCIAL WORK

BUSINESS men have an immense ministry to perform. They are supplying deep human needs. They are rendering service without which humanity would be poor indeed. And they have a chance which does not come to some of us of making money, which means power. By this means they multiply their personality many times. The man with wealth can command many lives. Wealth is the accumulated energy of multitudes of men. All this they can bring to bear upon the service of their fellows. And in so far as they command these larger resources and use them, they can win the larger gratitude and love of men.

The emphasis to-day is placed upon service. The question, how much is he worth? means how much is he worth to the community? How successful is he? means how much service does he render? It is just as exciting to play for this new stake, and more worth while. This service idea makes business romantic and industry epic. The business man may know something of the creator's joy for he is making those things which without him would not exist. He links himself with providence for he is meeting the daily needs of his fellowmen. He is a saviour of the waste of life and a redeemer from want. He is the greatest among us when he becomes the servant of all.—From an address delivered by Rev. Paul Moore Strayer to the City Club of Rochester, N. Y., and published in *The Common Good*.